No taples		Process and a	ndividual	Income Tax R	general and the second of the second of the	For	m 2
Mark all that apply.	year Jan 1 – Dec 31, 2012 or the tax First Name and Initial			and endi	ng cial Security Number	Degease(12 Date of Death
Amended Return	Spouse's First-Name and Initial	Last Name		Šp	ouse's Social Securi		1º Dale of Death
NOL Carryback	Mailing Address		1	Sity		-State Zip+4	
	1 Single	Anny arang ma <mark>nggang at arang arang arang arang ang arang ang arang ang arang arang</mark>	reteritorio mentrale della espera della espera della espera di la constanti di la constanti di la constanti di	так мене , у так эмминента тактатак теритик (при нашего паменен е е е е и и и и и и и и и и и и и и	о прититури медне тодногом на <mark>нападника.</mark> С надоле на до не дост на дост на дост на	arte	and anticoming the control of the co
	2 Married filing jointly						
Filing Status Mark only on	a mainea illing separate			h want to allow us to disc	cuss this return with	your spouse?	res No
box	ob Married Illing separa		2	Management of the property of the second of	EXHIBIT	of instructions)	- Community
	3c Married filing separa	itely and spouse not f		Spouse's SSN (for lines 3b an	DATE	3-15	-13
	4 Head of household			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	НВ	532	2 4 1 1 1
Residency Status Mark only one box	5a Resident full year 5b Nonresident full year 5c Resident part-year	ESTATE OF THE PARTY OF THE PART	change	ired Information	Y	You can fi	Ou know? le and pay online. enue.mt.gov
Firs	t Name	Last Name		Social Security Numbe		elationship:	Mark if Disabled
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	į	Form 2, Page 2 – 2012 Social Security Number:		ga decreta de deservir el composito de la contra del la contra		
				Golumn A (joint, Separa	for single, Golumn te, or heady when fil ehold), Using fil	B (for spouse ing separately
	23	Your total income from line 22			00	. 00
	24	Educator expenses (Caution – see instructions on page 5	•	The second secon	00	00
	25	Certain business expenses of reservist, etc. Include federa	al Form 2106 or 2106-EZ	Company of the Compan	00	00
	26	Health savings account deduction. Include federal Form 88		The second secon	00	00
	27	Moving expenses. Include federal Form 3903			00	00
n)	28	Deductible part of self-employment tax. Attach federal Sch	edule SE	28	00	00
Ē	29	Self-employed SEP, SIMPLE, and qualified plans	··········	29	00	00
王	30	Self-employed health insurance deduction	0.111.0.111.111.111.111.111.111.111.111	30	00	
3105	31	Penalty on early withdrawal of savings		31	00	00
pa)	32a	Alimony paid		32a	00	00
Federal Adjusted Gross Incom	32b	Recipient's SSN326			andronalline or the second	e tromasaro e e e e e e e e e e e e e e e e e e e
al A	33	IRA deduction	The state of the s	333	00	00
eder	34	Student loan interest deduction		34	00	00
بدا	35	Tuition and fees (Caution – see instructions on page 5.)	·	35	00	00
	36	Domestic production activities deduction. Include federal F	Form 8903	36	00	00
	37	Add lines 24 through 36 and enter the result here.	Federal write-ins	37.	00	00
	38	Subtract line 37 from line 23 and enter the result here	***************************************	38	00	00
	38a	Combine amounts on line 38 columns A and B and enter he	re. This is your federal adjusted gro	oss income 38a	0.0) 5
HG!	39	Enter Montana additions to federal adjusted gross income line 17	, •	39	00	00
Montana AG	40	Enter Montana subtractions from federal adjusted gross in Schedule II, line 35		40	00	00
2	41	Add lines 38 and 39; subtract line 40. This is your Monta	na adjusted gross income		00	00
еоте	42	Deductions Must mark one box. Standard Deduction (see V				
<u> 1</u>		San Audi	Form 2, Schedule III, line 32)		00	00
aple	43	Subtract line 42 from line 41 and enter the result here		43	00	00
ă.	44	Exemptions (All individuals are entitled to at least one exe number of exemptions on line 6d and enter the result here			00	00
	45	Subtract line 44 from line 43 and enter the result here. This		45	00	00
<u>a</u>	46	Tax from the tax table on page 7 or from Form 2, page 4. I enter zero	***************************************	46	00	00
aptu	47	2% capital gains tax credit	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	47	00	00
Tax, Nonrefundable Credits and Recapture	48	Subtract line 47 from line 46; enter the result here, but not This is your resident tax after capital gains tax credit		48	00	. 00
edits a	48a	Nonresident, part-year resident tax after capital gains tax of Form 2, Schedule IV, line 22, but not less than zero	credit. Enter here the amount from	48à	00	00
S S	49	Tax on lump-sum distributions. Include federal Form 4972		* 49	00	00
dab	50	Add lines 48 or 48a and 49 and enter the result here. This	s is your total tax.	50	00	00
JII)	51	Enter the amount from Form 2, Schedule V, line 23, but do	o not enter an amount larger than the		garani in na na nagaman kana kana na	
Ĕ	2	amount on line 50. This is your total nonrefundable cre	ALKARAM MARKATA DIRECT DATA NO.	All the second s	00	00
- X:	52	Recapture tax(es) (see instructions on page 7)	Code	\$52	000	00
	53	Add lines 50 and 52, then subtract the amount on line 51. This is your 2012 tax liability.		53	00	00

Questions? Call us toll free at (866) 859-2254 or in Helena at 444-6900 or TDD (406) 444-2830 for hearing impaired.



٠.	_				
÷	Fo	Form 2, Page 3 – 2012 Social Security Number:	 separate, or hea 	rjoint. Column f ad . when filir	nd separately
	54	4 Your 2012 tax liability from line 53	of household) 54	Using hili	ng status 3a)
Σ	55		CONTROL OF THE PARTY OF THE PAR	00	00
redi	56			00!	00
<u>ခ</u> ု	57		The second secon	00	00
Payments and Refundable Credit	58			00	00
Refu	59			00	00
E .	60	0 Refundable credits from Form 2, Schedule V, line 29		00	00
SE SE	61	1 If filing an amended return: Payments made with original return		00	00
уще	62	2 If filing an amended return: Previously issued refunds	62	00	:00
8	63	3 Add lines 55 through 61. Subtract line 62, enter the result here. This is your total page	yments 63	00	100
	64	- Journal of the state of the s		00	00
nare expensive state of the contract of the co	65	5 If line 63 is greater than line 54, subtract line 54 from line 63. This is your tax overp	aid	00	00
2	66	page of managed taxes (cost men actions on page of managed)		66	0.0
and Contribution			Estimated payments were made using	HAMARIAN FROM A CONTRACTOR OF THE CONTRACTOR OF	method
	67	, , , , , , , , , , , , , , , , , , ,		67	0.0
္ကဋ	68	, , , , , , , , , , , , , , , , , , , ,		68	00
Ta Ta	69	,	Wallette Total allegations where a concentration	69	0.0
eres		69a Nongame Wildlife Program \$5 \$10	00 other amount		
Ξ,		69b Child Abuse Prevention \$5 \$10	00 other amount		
altie		69c Agriculture in Schools \$5 \$10	00 other amount		
Penall	70	69d Montana Military Family Relief Fund \$5 \$10	00 other amount	Salvas	
	70	O Add lines 66 through 69 and enter the result. This is the sum of your total penaltie			00
we	7 1	1 If you have tax due (amount on line 64), add lines 64 and 70 OR, if you have a tax or and it is less than line 70, subtract line 65 from line 70. Enter the result here. If marri- amounts on lines 64 and 65, please see instructions on page 11. This is the amount	ed filing separately and there are	71	0.0
ou Owe Refund		Why not e-pay? See your options at revenue.mt.gov. If writing a check, ma	ke it payable to MONTANA DEPARTM	IENT OF REVENU	
Amount Yo or Your R	72	2 If you have a tax overpayment (amount on line 65) and it is greater than line 70, sub the result here. This is your overpayment.	ract line 70 from line 65 and enter	72	00
Δ.°	73	3 Enter the amount from line 72 that you want applied to your 2013 estimated taxes		73	00
200	74	4 Subtract line 73 from line 72 and enter the result here. This is your refund		74	00
refund,	com see		Checking Saving	e constitution or	entermante con esta mandra de la con- de mandra de la constanta de la con- de mandra de la con- de man
Lindor por	altier	4. Is this refund going to an account that is located outside of the ses of false swearing, I declare that I have examined this return, including accompanying schedules and state.	Control of the Contro	d bolief it is the same	No No
		tes of laise swearing, i deciate that mave examined this return, including accompanying schedules and standard is Required. Daytime Telephone Number.		u vellei, it is true, corre	ect and complete Date
	ena	arer's Signature Paid Pregarer's PTIN/SSN.		Hilliani Peragaani	the other area

Third Party Designee

Third Party Designee's Printed Name

Do you want to allow another person (such as a paid preparer) to discuss this return with us (see page 13)?

Third Party Designee's Phone Number

if you do not want forms and instructions mailed to you next year.

Mark this box



er. mederney@s	1 Om 2,1 age 4 – 2012 Social Security Number	Special metro in Structure Schille for a structure Chillaboration of the land of Normalian communication of chillies absolute	Consider
	Schedule I — Montana Additions to Federal Adjusted Gross Income Enter your additions to federal adjusted gross income on the corresponding line	Column A (for single	Column B (for spouse
	File Schedule I with your Montana Form 2.	joint, separate, or head of household).	when filing separately using filing status 3a):
1	Interest and mutual fund dividends from state, county, or municipal bonds from other states	1 00	00
2	Dividends not included in federal adjusted gross income	2 00	00
3	Taxable federal refunds. Complete Worksheet II on page 44	3 00	00
4	Other recoveries of amounts deducted in earlier years that reduced Montana taxable income. Complete Worksheet IX (available at revenue.mt.gov)	4 00	00
5	Addition to federal taxable social security benefits. Complete Worksheet VIII on page 48	5 00	00
6	Sole proprietor's allocation of compensation to spouse	6 00	00
7	Medical care savings account nonqualified withdrawals	7. 00	00
8	First-time home buyer savings account nonqualified withdrawals	8. 00	00
9	Farm and ranch risk management account taxable distributions	9 00	00
10	Addition for dependent care assistance credit adjustment	10 00	00
11	Addition for smaller federal estate and trust taxable distributions	11	00
12	Federal net operating loss carryover reported on Form 2, line 21	12 00	00
13	Share of federal income taxes paid by your S corporation	137 00	00
14	Title plant depreciation and amortization	14 00	00
15	Premiums for Insure Montana small business health insurance credit	15 00	00
16	Other additions. Specify:	16 00	00
17	Add lines 1 through 16. Enter the total here and on Form 2, line 39. This is your total Montana additions to federal adjusted gross income.	170 00	

2012 Montana Individual Income Tax Table						
If Your Taxable Income Is More Than	But Not More Than	Multiply Your Taxable Income By	And Subtract	This Is Your Tax	If Your Taxable Income Is More Than	But Not More Thai
\$0	\$2,700	1% (0.010)	\$0		\$9,900	\$12,700
\$2,700	\$4,800	2% (0.020)	\$27		\$12,700	\$16,400
\$4,800	\$7,300	3% (0.030)	\$75		More Tha	an \$16,400
\$7,300	\$9,900	4% (0.040)	\$148			

xable Multiply **But Not** And This Is e Is Your Taxable More Than Subtract Your Tax Income By han 900 \$12,700 5% (0.050) \$247 200 \$16,400 6% (0.060) \$374 re Than \$16,400 6.9% (0.069) \$522

For Example:

Taxable Income \$6,800 X 3% (0.030) = \$204.

\$204 Minus \$75 = \$129 Tax



numbers on the second	Form 2, Page 5 – 2012 Social Security Number:	aranno del	Street Street Street Contract	
	Schedule II. – Montana Subtractions from Federal Adjusted Gross Income Enter your subtractions from federal adjusted gross income of the corresponding line File Schedule II with your Montana Form 2.	loint sepa	(for single: Column rate or head when fill usehold): using fil	nd senarately
1	Exempt interest and mutual fund dividends from federal bonds, notes, and obligations		00	00
2	Exempt tribal income. Include Form IND	The second of th		00
3	Exempt unemployment compensation	The state of the s	00	00
4	Exempt workers' compensation benefits		00	00
5	Exempt capital gains and dividends from small business investment companies	5	00	00
6	State income tax refunds included on Form 2, line 10	6	n talian saanah muuninga kumuu fi nama, makusi in muuninga kumuu. 00 fi	00
7	Recoveries of amounts deducted in earlier years that did not reduce Montana income tax	7	00	00
8	Exempt military salary of residents on active duty	8	00	00
9	Exempt income of nonresident military servicepersons	A STATE OF THE PARTY OF THE PAR	00	00
10	Exempt life insurance premiums reimbursement for National Guard and Reservist	10	00	00
11	Partial pension and annuity income exemption. Report Tier II Railroad Retirement on line 23 below. Complete Worksheet IV on page 45.	11	O O	00
12	Partial interest exemption for taxpayers 65 and older	12	00	00
13	Partial retirement disability income exemption for taxpayers under age 65. Include Form DS-1		00	00
14	Exemption for certain taxed tips and gratuities	14	00	00
15	Exemption for certain income of child taxed to parent	15.	00	00
16	Exemption for certain health insurance premiums taxed to employee	16,	00	00
17	Exemption for student loan repayments taxed to health care professional	47	00	00
18	Exempt medical care savings account deposits and earnings. Include Form MSA	18	00	00
19	Exempt first-time home buyer savings account deposits and earnings. Include Form FTB	19	00	00
20	Exempt family education savings account deposits	20	00	00
21	Exempt farm and ranch risk management account deposits. Include Form FRM	21	00	00
22	Subtraction from federal taxable social security benefits/Tier I Railroad Retirement reported on Form 2, line 20b. Complete Worksheet VIII on page 48.	22	00	00
23	Subtraction for federal taxable Tier II Railroad Retirement benefits reported on Form 2, line 16b	23	00	00
24	Passive loss adjustment		00	00
25	Capital loss adjustment	25	00	00
26	Subtraction of sole proprietor for allocation of compensation to spouse	The second of th	00	00
27	Montana net operating loss carryover from Montana Form NOL, Schedule B		00	00
28	40% capital gain exclusion for pre-1987 installment sales. Complete Worksheet III on page 45	28	00	00
29	Subtraction for business-related expenses for purchasing recycled material. Include Form RCYL	The second secon	00	00
30	Subtraction for sales of land to beginning farmers	30		00
31	Subtraction for larger federal estate and trust taxable distribution		00	00
32	Subtraction for wage deduction reduced by federal targeted jobs credit	32	00	00
33	Subtraction for certain gains recognized by liquidating corporation		on a dia nonamente como como de	00
34	Other subtractions. Specify:	34	00	00
35	Add lines 1 through 34. Enter the total here and on Form 2, line 40. This is your total Montana subtractions from federal adjusted gross income.	35	00	00

	Schedule III – Montana I	temized Dec	luctions		Column A (for single Colum)	n B (for spouse
	Entel your itemized deductions File Schedule III with you	op ine correspo ur Montana Foi	ndingline m 2	j j	oint; separate; or head when f	lling separately Iling status 3a)
1	Medical and dental expenses		00	00		ming status pa)
2	Enter the amount from Form 2, line 41		00	00		
3	Multiply line 2 by 7.5% (0.075)	34	00	00		
4	Subtract line 3 from line 1 and enter the result here, but		zero. This is vour deduc	tible	er sign mende anderen en filmen hat en elitte saksiste in a stan en elitte anderen an elitte en elitte anderen en en	the control of the co
	medical and dental expense subject to 7.5% of Mon	ntana AGI		4	00	00
5	Medical insurance premiums not deducted elsewhere	on your return		5.	00	00
6	Long-term care insurance premiums not deducted else	ewhere on your	return		00	00
Con	nplete lines 7a through 7d reporting your total federal in es paid on lines 7a through 7d.				You cannot deduct your self-em	ployment
	Federal income tax withheld in 2012	7a	00	00		
	Federal estimated tax payments paid in 2012	William Control of the Control of th	00	00		
	2011 federal income taxes paid in 2012	THE RESERVE AND ADDRESS OF THE PARTY OF THE	00	00		
	Other back year federal income taxes paid in 2012.		anno de casastratamente en la respectación de la companya de la companya de la companya de la companya de la c	em America con a como em em em con con a como con em		
	Include federal Form 1040 or 1040A	,7d'-	00	00		
7e	Add lines 7a through 7d and enter the result here, but				maren e navor de lanc lancourse summer en mentre de la companyante en color de lancourse des entre de lancours	The second of th
	of household, or married filing separately; or \$10,000 i					4.0
_	federal income tax deduction			7e	00	00
_	General state and local sales taxes paid in 2012 (Caut			Catholica Manager		(00
9	Local income taxes paid in 2012 (see instructions on p	- '		The second second	Kiri wa wa kata isani kiwa kata wa manana wa kata ka	00
	Real estate taxes paid in 2012				00	00
11	Personal property taxes paid in 2012 (see instructions				00	00
12	Other deductible taxes paid in 2012. List type and amo	ount:	of all limits, which is for an emphasion considerate and a constitution of the Child and Administration		one and the second	- ett ette ette ettelle ettelle ette ett
40	sur composer en	- Martin Common representation of the common			O O	00
	Home mortgage interest and points reported to you on				00 l	00
14	Home mortgage interest not reported to you on federa bought the house, provide name, SSN, and address.	al Form 1098. If	paid to the person from w	hom you		
	bought the nouse, provide name, 33N, and address.	ment. Tado car comato por como presider el calvagas manque	nationals 28 s and a 1978 or it analysis and a data. However, and properly on a step of	14	00 p	A A
15	Points not reported to you on federal Form 1098	Lite (MATERIAL) - 14th Americal Statement of Consecutation Statement Statement of Consecutation Statement of Consecutation Statement Statement of Consecutation Statement Sta	entrances is \$55 - \$60 keV, received a force of communicate depropagations — by capairs \$400 miles.	Company of the Compan	100 miles (100 miles 100 miles	00
	Qualified mortgage insurance premiums (Caution – se			5 W 65 28	00	00
			page 25.)	INCIPE	00	00
	Charitable contributions made by cash or check during			100 march 100 ma	00	00
	Charitable contributions made by cash of cleak during	-		2.35 CA 25	00 may 1 may 202 202 may 100 m	00
	Charitable contribution carryover from the prior year				00	00
	Child and dependent care expenses. Include Montana			64	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	00-
	Casualty or theft loss(es). Include federal Form 4684	AT OTTH ETT IVI.		*******************************		00.
	Unreimbursed employee business expenses. Include		ente (de realist 100 m.), autoriala de propositione de participation de la companya de la companya de la compa	on sometimes to sometimes and a sometimes of the sometime	australianismo se el communicación de la communicación de la composición de la composición de la composición de	
20	federal Form 2106 or 2106-EZ	23	00	00		
24	Other expenses. List type and amount:	5-7-38	angan ann an basan an ang atawa sa ² an ma a ng ang ang ang ang ang ang ang ang ang a	armer - married e e armer - e a a a a a a a a a a a a a a a a a a		
	pagamanaya gengan samin'inay ina min'ni asam ya amin'i ani Marantin a min'nya nya ani amin'i ani ani ani ani a	24	00	00		
25	Add lines 23 and 24	25	00	00		
26	Enter the amount from Form 2, line 41	26	00	00		
27	Multiply line 26 by 2% (0.02)	27	. 00	00		
28	Subtract line 27 from line 25 and enter the result here,	, but not less tha	a companie amaza a la Porta Indiana, a cara qual pagama	28	00	00
29	Political contributions (limited to \$100 per taxpayer)			29	00:	00
30	Other miscellaneous deductions not subject to 2% of I	Montana AGI. L	ist type and amount:	. SCHMOD	and the second s	
	gradus and a supplementation of the supplemen	A A A A A A A A A A A A A A A A A A A	er et ar grade el es er og er mans, aggrer gen eg minte engre eg eg gran mag, gagran	30	OO 0	00
31	Gambling losses allowed under federal law	************	neren er en	31	00	00:
32	Add lines 4 through 6; 7e through 22; and 28 through is your total itemized deductions	31 and enter re	sult here and on Form 2,	ine 42. This	0.0	00



Form	2	Page	8 -	2012
1 (71)	۷.	1 auc	•	4014

Form 2, Page 8 – 2012 Social Security Number:

	Schedule V - Montana Tax Credits		Column A (for single,	Column B (for spouse
	Enter your Montana tax credits on the corresponding line File Schedule V with your Montana Form 2.		joint, separate, or head of household)	when filing separately
20 May	refundable credits that are single-year credits and HAVE NO carryover provision		annonschold)	using filing status 3a)
1	Credit for an income tax liability paid to another state or country from Form 2, Schedules VI, line 10 or	T.	em est et A i 21 le mandesque d'a primentagement apparte : " en primesgré par le réplace manifestation	an mandan sa naman masan samannan yan sa na na manan na mananan na saman na na Sang saman i na manan
	VII, line 10	1	00	00
2	College contribution credit. Include Form CC	2	00	00
3	Qualified endowment credit. Include Form QEC	3	00	00
4	Energy conservation installation credit. Include Form ENRG-C	4	00	00
5	Alternative fuel credit. Include Form AFCR	. 5	00	00
6	Health insurance for uninsured Montanans credit. Include Form HI	- 6	00	00
7	Elderly care credit. Include Form ECC	7	00	00
8		* 8	00	00
Non	refundable credits that HAVE a carryover provision		and a supplementary of the sup	and the commence of the commen
9	Oilseed crushing and biodiesel/biolubricant production facility credit. Include Form OSC	9	00	00
10	Biodiesel blending and storage credit. Include Form BBSC	10	0.0	. 00
11	Contractor's gross receipts tax credit. If multiple CGR accounts, please mark here.		in about the same	The state of the s
	CGR Account ID:	-11	00	00
12	Geothermal systems credit. Include Form ENRG-A	12	00	00
13a	Alternative energy systems credit. Recognized nonfossil form of energy generation. Include Form ENRG-B	13a	0.0	0.0
1 3b	Alternative energy systems credit. Low emission wood or biomass combustion device. Include Form ENRG-B	13b	00	00
14	Alternative energy production credit. Include Form AEPC	14	00	00
15	Dependent care assistance credit. Include Form DCAC	15	00	00
16	Historic property preservation credit. Include federal Form 3468	16	00	00
17	Infrastructure users fee credit. Include Form IUFC	17	00	00
18	Empowerment zone credit	18	0.0	00
19	Increasing research activities credit. Include a detailed schedule of the credit carryforward	19	0.0	00
20	Mineral and coal exploration incentive credit. Include Form MINE-CRED	20	0.0	00
21	Film employment production credit. Include Form FPC. Report your credit on this line if you have made the one-time four-year carryforward election	21"	00	00
22	Adoption credit. Include federal Form 8839	22	00	00
23	Add lines 1 through 22 and enter the result here and on Form 2, line 51. This is your total nonrefundable credits.	-23	O (00
Ref	undable credits	wester or	gay 100 th the same make the same make the same	Commence of the control of the contr
24	Elderly homeowner/renter credit. Include Form 2EC	24	0 (00
25	Film employment production credit. Include Form FPC	25	0(00
26	Film qualified expenditures credit. Include Form FPC	.26	0 (00
27	Insure Montana small business health insurance credit. Business FEIN:	27	0(00
28	Temporary emergency lodging credit. Include Form TELC	28	00	00
29	Add lines 24 through 28 and enter the result here and on Form 2, line 60. This is your total refundable credits.	29		00

Montana Tax Credits

We have listed the 26 Montana tax credits available to you under three categories. With the exception of the capital gains tax credit, which is required to be applied before any other credit, you are not required to apply any of these 26 tax credits against your income tax liability in any particular order. For more information about these tax credits, please see the instructions on page 31.

